

STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
COMMISSION ON FIRE FIGHTING  
500 JAMES ROBERTSON PARKWAY, SUITE 630  
NASHVILLE, TENNESSEE 37243-0579  
615-741-6780

<b>FOR COMMISSION USE ONLY</b>
Rec'd _____
App'd _____
Hours Credit _____
NOTES _____

This form is to be completed by applicants electing to substitute the Commission's Certification, College/University or Specialized Training in lieu of the 40 Hour In-Service Training Program.

Please complete all sections applicable. **PLEASE PRINT OR TYPE THIS FORM.**

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**SECTION A**

REQUEST FOR:

\_\_\_\_\_ COMMISSION CERTIFICATION SUBSTITUTION FOR 40 HOUR IN-SERVICE  
(complete section A, B, C and F)

\_\_\_\_\_ COLLEGE/UNIVERSITY SUBSTITUTION FOR 40 HOUR IN-SERVICE  
(complete section A, B, E and F)

\_\_\_\_\_ SPECIALIZED TRAINING SUBSTITUTION  
(complete section A, B, D and F)

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**SECTION B**

_____	_____	_____	_____
Last Name,	First Name	MI	Fire Department Name

_____	_____
Rank/Position	Social Security Number

_____	_____	_____	_____
Home Address	City	State	Zip

Completed 8 hours of Hazardous Materials Training on \_\_\_\_\_  
Date

Completed the CPR Certification requirement on \_\_\_\_\_  
Date

Safety, Stress, DV, SIDS requirement on \_\_\_\_\_  
Date

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**SECTION C**  
**COMMISSION CERTIFICATION**

I have completed a minimum of 40 hours of preparatory training toward the following named Commission certification.

_____	_____
Title of Certification	Certification Number

\_\_\_\_\_

Date Issued

**SECTION D  
SPECIALIZED TRAINING SUBSTITUTION**

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
# of Hours of Course

\_\_\_\_\_  
Test Score

\_\_\_\_\_  
Sponsoring Agency

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Department

\_\_\_\_\_  
Location

Date: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
# of hours requested

\* If no test is administered, the attending fire personnel must submit a detailed evaluation of course to the training officer to be forwarded to the Commission for approval and/or a copy of curriculum and certificate of completion must be attached.

\* **NOTE:** IF THIS IS NOT DONE, NO CREDIT WILL BE GIVEN.

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**SECTION E  
COLLEGE/UNIVERSITY**

\_\_\_\_\_  
TITLE OF COURSE

\_\_\_\_\_  
COLLEGE OR UNIVERSITY

\_\_\_\_\_  
LENGTH (HOURS) OF COURSE

\_\_\_\_\_  
EXPECTED DATE OF COMPLETION

Attach College/University catalog description or syllabus of course.

Upon completion of this course, a copy of the transcript must be provided in order for credit to be given.

This course is being taken for the following reason(s):

\_\_\_\_\_ Agency Requirement

\_\_\_\_\_ Professional/Personal Enrichment

\_\_\_\_\_ Degree Requirement

\_\_\_\_\_ Associate

\_\_\_\_\_ Bachelor \_\_\_\_\_ Master

\_\_\_\_\_ Other \_\_\_\_\_

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**SECTION F**

I do hereby certify that all the above information on this form is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Training Officer's signature

\_\_\_\_\_  
Fire Chief's signature

\_\_\_\_\_  
Agency Head's Signature  
College/University